State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Kamehameha Home	CHAPTER 89
Address: 1019 Kamehame Drive, Honolulu, Hawaii 96825	Inspection Date: December 17, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-18 Records and reports. (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information: Entries by the caregiver describing treatments and services rendered; FINDINGS Resident #1 — No documentation for physician's office visits on 2/28/19, 3/6/19, 7/24/19, and ISP held on 2/8/29.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completio
X	611-89-18 Records and reports (bV3)		Date
		FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Home manager received in service training regarding writing entries for physician's office visits and meetings. Going forward the home manager will write a brief summary of the visit or meeting highlighting treatment,	
		changes, responses to treatment and any follow up needed in the interdisciplinary entries promptly following the event. During her quarterly visits the nurse will review the interdisciplinary entries and make recommendations and corrections as needed. The nurse will follow up with the corrections within 7 work days to assure proper recording and follow up as needed. The Nursing Manager will also conduct random quarterly audits of client records.	18 -0
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Sti-89-18 Records and reports. (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information: Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments; FINDINGS Resident #1 — No current diet order on file.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Home manager went to the PMD office to have the correction done on the physical exam sheet. See attachment 1.	12/17/19
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-89-18 Records and reports. (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information: Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments; FINDINGS Resident #1 — No current diet order on file.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The home manager will double check the physical exam form (and any accompanying documents) to assure that it is complete. Paper work will be submitted to the nurse by text within 24 hours for review with a physical copy sent to the office within the month for archiving. The nurse will continue her quarterly audits and make written recommendations for changes and corrections. She will follow up on the corrections with the home manager and appropriate staff members within 7 work days. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records.	12/17/19
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Licensee's/Administrator's Signature:

Print Name: Christine Menezes, Director of Programs & Services

Date: January 2, 2020

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